

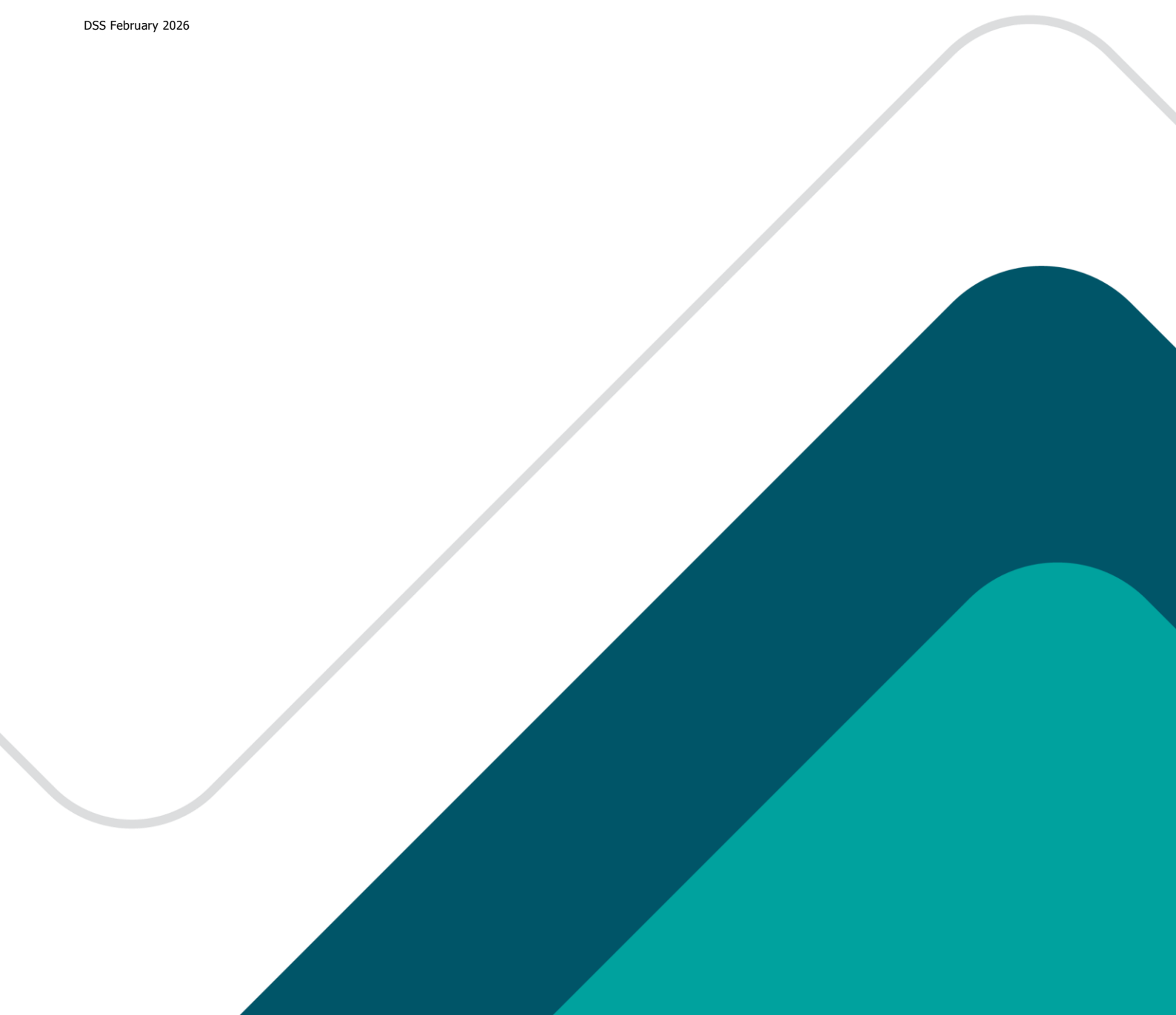


Australian Government
Department of Social Services

Children and Family Intensive Support Operational Guidelines

Families and Children Activity

DSS February 2026

Abstract graphic design featuring a light grey wavy line and two overlapping shapes in dark teal and a lighter teal color, located in the bottom right corner of the page.

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Version Control

This table confirms timing of revisions and endorsement of these Operational Guidelines.

Version	Changes	Date
1.0	Approved Operational Guidelines	December 2021
2.0	Appendix A & B	June 2022
3.0	Update to various hyperlinks Update to official DSS template	November 2025

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1. Preface

These Operational Guidelines relate to Children and Family Intensive Support (CaFIS) funded by the Department of Social Services (the department). The primary purpose of the Operational Guidelines is to assist CaFIS providers to work in a consistent, coordinated and cooperative way. The guidelines outline the key elements of service delivery and seek to clarify policy and process questions that may arise during the delivery of the CaFIS activity.

The Operational Guidelines are a living document. As additional issues arise, and policy clarifications are developed, these will be included in an updated version of these Operational Guidelines. Updates to the Operational Guidelines will be emailed to the primary contact listed in the Grant Payment System (GPS). Please ensure this contact detail is kept up to date with your Funding Arrangement Manager (FAM). The Operational Guidelines will also be available on the [Families and Children Activity](#) website.

CaFIS providers should engage with their FAM as the first point of contact with the department. The FAM will provide guidance and assist you with reporting, accountability and contractual obligations.

The Operational Guidelines should be read in conjunction with the:

- [Families and Children Activity Program Guidelines Overview - June 2023](#)
- [Commonwealth Individualised Grant Agreement](#)
- [Commonwealth Standard Grant Conditions](#)
- [Commonwealth Supplementary Terms and Conditions](#)
- [Families and Children Activity Administrative Approval Requirements](#)
- [CaFIS Pathway to Outcomes \(Program Logic\)](#)
- [Program logic template for service providers](#)

2. Families and Children's Activity – Children and Families Intensive Support

2.1 Overview

Children and Family Intensive Support (CaFIS) is a component of the Families and Children (FaC) Activity of Outcome 2.1 Families and Communities Program.

The FaC Activity aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

The objectives of the Families and Communities Program and the FaC Activity align with objectives in the:

- [National Agreement on Closing the Gap | Closing the Gap](#)
- [The National Framework for Protecting Australia's Children 2021–2031](#)
- [The National Plan to End Violence against Women and Children 2022–2032](#).

The department strongly encourages providers to understand these initiatives and consider how the design and delivery of their services can contribute to achieving the intended outcomes.

2.2 Aims and Objectives

The CaFIS Activity contributes to the achievement of the Families and Communities Program.

CaFIS provides early intervention and prevention support to children or young people aged 0-18 years and their families in selected communities in the Northern Territory (NT) and Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. This service aims to support families with multiple and complex needs to enhance children and young people's health, safety and wellbeing. CaFIS must be child-centred, strengths-based, trauma-informed and culturally appropriate to ensure services are tailored to the needs of families.

The objectives of CaFIS are:

- to support families to create nurturing and safe environments that grow children up strong, safe and connected to culture, which can be a strong protective factor
- to address challenges in families/households that put children at risk
- to support parents and families to build strong parenting skills, develop their confidence and capability to bring up children in a nurturing and safe environment
- to deliver services that acknowledge and support the importance of children and families to be connected to their culture
- to help families get access to the services and supports they need and navigate service systems
- to support co-ordinated services to meet the needs of families and address areas of concern that impact on children's safety and wellbeing.

The program has 3 shared outcomes for all providers. The shared outcome areas are:

- children are safe and growing up strong
- parents/caregivers better understand and can respond to their child's health and developmental needs
- parents and children have increased social/emotional wellbeing.

Service providers will be invited to focus on an additional 2-3 outcome areas from an agreed CaFIS outcomes list to tailor their service delivery approach to their community.

Additional outcome areas are:

- children have increased attendance at early childhood education and care (ECEC) or school
- parents/caregivers are more confident in their parenting
- parents and children feel supported in their culture
- children and families have more social and emotional supports (kin/community).

Further details on short, medium and long-term outcomes can be found in the CaFIS Pathway to Outcomes (program logic).

3. Service Areas

CaFIS services are delivered in identified communities of need across six regions of the NT¹ and the APY Lands, South Australia. Service areas have been selected based on a combination of factors including:

- data that identified child and family vulnerabilities
- service provider input and engagement
- the spread of services
- reduction of the duplication of similar services
- current and emerging need for services and
- community readiness for services.

CaFIS providers are expected to monitor emerging community need and adjust their service delivery footprint and the nature of services provided to meet changing demands of families, children and young people in their community across the life of the Grant Agreement.

Where changes to service locations are needed, CaFIS providers must consult with their FAM. Depending on the extent of the change, this may require a variation to your Grant Agreement. CaFIS providers should ensure any changes to service locations are captured in the Activity Work Plan.

4. Partnership

4.1 Consortium

Some CaFIS providers will be delivering services in partnerships or consortium arrangements. The lead organisation in the consortium is solely accountable to the Commonwealth for the delivery of grant activities and will be responsible for reporting on progress to the department.

Organisations should ground their partnership in the Aboriginal Peak Organisation Northern Territory (APO NT) [Partnership Principles](#). Organisations will need to provide a short summary of how the

¹ The six Northern Territory regions include Arafura (Top End), Barkly, Big Rivers (Katherine), Central Australia, East Arnhem and Greater Darwin.

partnership is grounded in the APO NT Partnership Principles in the Activity Work Plan when it is due to the department.

5. Working with Clients

5.1 Client Eligibility

CaFIS is available to families with children aged 0-18 years where there are:

- multiple intersecting vulnerabilities and a need for support to make things safer for their children
- escalating concerns for children (e.g. self-harm, alcohol and other drugs, engagement with the justice system)

Families who access CaFIS may have experienced a range of vulnerabilities and/or difficult life events including (but not limited to):

- domestic and family violence
- mental health issues of parents and/or children
- drug and alcohol abuse of parents and/or children
- social isolation
- overcrowding
- young parents needing support
- children with additional needs
- families engaged with the justice system
- disability or chronic health needs (noting this may be one of a range of supports and is not a replacement or duplication of National Disability Insurance Scheme supports or health supports).

Participation in CaFIS is voluntary and families must live in the funded service areas to be eligible to receive the service.

5.2 Referral Practices

CaFIS will accept referrals from:

- individuals and families
- community members, for example, where community leaders/Elders request support
- the child protection authority²

² The child protection authority jointly manages a case with a CaFIS provider and maintains statutory responsibility for a case, while it remains open.

- government and non-government organisations, for example, Aboriginal Community Controlled Organisations, Child and Family Centres, health services, police, schools and early childhood centres.

Referral processes must be highly responsive, timely, collaborative and locally relevant to address the complex needs of vulnerable clients and families. Following the referral, an initial assessment should be done to determine if a client or family is eligible for CaFIS. If the client is not eligible for CaFIS, providers need to ensure that clients are referred to an appropriate service. This may include referring clients to the Family Support Service (FSS) at times where one service may have reached service capacity. If there are safety concerns, especially for the child, and if the referral is not from the child protection authority, it would be expected child protection is notified about any safety concerns for the child/ren.

Referral practices in place should minimise the level of service system fragmentation that families and children experience. CaFIS providers must develop and maintain networks of referral pathways and refer clients to other support services as needed. CaFIS providers should identify where, and how, ongoing supports and professional services can be accessed. Where possible, the child or young person should have the opportunity to identify and/or select their provider of choice regarding provision of additional supports.

CaFIS providers should conduct regular case reviews and assessment of progress to determine if services delivered to the client are effective. CaFIS will be a proactive contributor to regional and local interagency collaboration, planning, case management and co-ordination. In doing this, CaFIS will not provide centralised case coordination for clients and will not hold overall responsibility for coordinating services provided by other organisations or agencies.

6. Workforce

6.1 Qualification and skills

Providers are encouraged to employ staff with a range of backgrounds, professional experience, skills, cultural competence, language and knowledge relevant to the service and experience of providing services to the target cohort. Team Leaders must have a recognised relevant qualification and/or suitable experience that provides sufficient background for understanding the CaFIS program and the capacity to deliver and support/supervise staff to deliver trauma-informed services to vulnerable children and families with complex needs.

Community based workers should have appropriate language, cultural knowledge, acceptance and recognition within the community in which they will work. CaFIS encourages bi-cultural pairing of staff (Aboriginal staff with non-Aboriginal staff) to work with families together if appropriate.

It is expected that CaFIS providers would supervise their staff regularly and utilise performance discussions, in particular to identify and action the learning and development needs of their staff. CaFIS providers should develop strategies that support recruitment and retention of staff and ensuring continuity of services. CaFIS providers are expected to support the skill development of their workers through recruitment support, identification of a suitable local workforce and identifying and/or delivering relevant training, including pre-employment and relevant accredited training.

6.2 Legislation and checks

CaFIS providers must comply with all relevant State, Territory or Commonwealth legislation and policies, including:

- [Care and Protection of Children Act 2007](#)
- [Domestic and Family Violence Act 2007 \(NT\)](#)
- [National Standards for Working with Children Checks](#)

Providers must keep up to date with any changes to relevant legislation during the grant period. CaFIS providers must comply with legislation relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting.

CaFIS providers must conduct a police check prior to engaging, deploying or redeploying (whether as an officer, employee, contractor or volunteer) any person in relation to the grant activity or part of an activity involving vulnerable persons and:

- confirm that the person is not prohibited under a law of the Commonwealth, State or Territory from being employed or engaged in any capacity where they may have contact with vulnerable persons
- comply with other requirements or applicable laws of the Commonwealth, State or Territory in relation to the employment and/or or engagement of persons where they may have contact with vulnerable persons
- accept responsibility for the cost of police checks and for providing verification to the department that police checks have been conducted, if requested.

More information on the policy regarding vulnerable persons, police checks and criminal offences is available on the department's website:

- [Vulnerable Persons, police checks and criminal offences](#)

6.3 Capacity Development

Capacity support for CaFIS should make up no more than 10% of funding over the entire life of the Grant Agreement. This may vary each year depending on need for capacity support at that stage. CaFIS providers will need to contact their FAM if there is a need to increase access to funds for this purpose. CaFIS providers should have processes in place to strengthen and maintain the skills and knowledge that their staff already possess to support consistent service delivery.

Capacity development should include:

- Building local Aboriginal workforce capacity by valuing and growing the bilingual and bicultural workforce
- Training courses for staff (such as cultural awareness, cultural safety, trauma-informed, domestic and family violence, vicarious trauma, Foetal Alcohol Spectrum Disorder)
- Skills-based training and knowledge-based education

- Relationship building and management
- Qualification pathways to reduce turnover of Team Leader role.

6.4 CaFIS Capacity Building Tools

A suite of modules and tools are available on the [DSS Website](#) to assist CaFIS providers to build capacity and implement CaFIS. See details at **Appendix A**.

7. Assessment and Support

7.1 Assessment with a child-centred focus

An assessment should be done to identify the strengths and needs of the family, supports the family has in place, what is working well and what could be strengthened to support the family.

The child or young person (subject to age and capacity) should be supported to engage and participate in the assessment and support planning process, and where appropriate, the views and aspirations of the family including extended family should be central to the plan.

The assessment will inform the development of a tailored support plan for each family. CaFIS providers are accountable for progress made against the support plan. The support plan should be monitored and reviewed on a regular basis.

7.2 Risk Assessment

For any self or community referrals, CaFIS providers should have risk assessment and management processes in place to assist in identifying, assessing and managing any risk factors for a child's safety and wellbeing. CaFIS providers should undertake a thorough risk assessment with the child or young person and their families.

Examples of risks to be assessed against (but not limited to):

- safety of child/young person to continue living at home
- likelihood of further abuse and where the abuse is likely to continue happening
- triggers of abuse
- identity of the abuser/s
- safety planning
- access to emergency contacts.

8. Service Delivery

8.1 Service Establishment

It is acknowledged that for some service providers, CaFIS may take time to establish and become ready to commence service delivery with families. For some providers this may be at least six

months. Where this applies, time should focus on recruitment, worker induction and training, development of a service delivery model and community engagement.

8.2 Service Delivery Model

CaFIS services will provide culturally responsive, trauma-informed and child-centred services to children and their families/households that are based on evidence and respond to needs in the local region and community.

CaFIS providers will need to adopt a trauma-based approach to their work with children, young people and families who have experienced complex trauma, and consider the need for services to be supported or supplemented by trauma specialists.

CaFIS services may include, but are not limited to:

- Community healing education delivered through workshops
- Return to country activities for children, young people and other family members
- Engagement with traditional healers and models of traditional healing practices within Aboriginal community-controlled agencies
- Engagement of specialists trained in responding to complex trauma
- Having separate workers for children and young people
- Incorporating trauma-based or trauma-informed models into family support services
- Specialist training for staff working in child and family support services including communities of practice related to complex trauma
- Whole of organisation support for providing trauma-informed services including a focus on worker wellbeing and mental health.

8.3 CaFIS Activities

Activities must directly relate to the program and may include:

- Case management including monitoring services, coordinating with other services and helping families navigate systems
- Family and household (including child) engagement and assessment
- Goal setting with the family and other involved services
- Referral to other services to address goals
- Case review and assessment of progress.

Providers can deliver activities that support:

- Building cultural connection and safety
- Parenting skills development, including in groups or individual skills training and support

- Life skills development, for example, training and support with budgeting, shopping, cleaning and cooking
- Child development
- Family/households meetings and planning to support and sustain change.

Other activities that will form part of CaFIS include:

- Community engagement and development that directly addresses program outcomes
- Advocacy for family within systems (for example, with housing and National Disability Insurance Scheme)
- Data collection and reporting
- Interagency collaboration including participation in relevant regional and local interagency planning, collaboration and case management/co-ordination meetings
- Program management and operations.

CaFIS providers are not responsible for case coordination across multiple agencies and services for an individual or family.

CaFIS providers and their employees are not responsible for the delivery of specialist, clinical or therapeutic interventions. CaFIS is committed to working with families who have high and complex needs and supporting them to access the appropriate specialist services including counselling, education, mental health, disability, domestic violence, financial management, alcohol and drugs and therapeutic support services. CaFIS providers work collaboratively with these services to ensure families can access supports they need.

8.4 Local Engagement

In order to implement locally relevant services, CaFIS providers are expected to undertake community engagement activities and consultations in Aboriginal communities to:

- support the promotion of CaFIS
- build rapport with community leaders/Elders, cultural authority representative/s, governance bodies and local services
- encourage participation in local affairs
- assist in identifying emerging needs of Aboriginal people
- enhance Aboriginal community access to services
- ensure services are effective.

8.5 Subcontracting

CaFIS providers may enter into subcontracting arrangements with third parties for delivery of CaFIS services. Where a subcontracting arrangement exists, the CaFIS provider is responsible for ensuring

that the subcontracting arrangements are consistent with the obligations of the Grant Agreement, and that the subcontractors comply with all legal obligations in the Grant Agreement as well as all policy requirements described in the Operational Guidelines.

8.6 Brokerage

Brokerage is not an element of CaFIS, and funding cannot be used towards the purchase of goods and services for families, except in exceptional circumstances³. Providers should contact their FAM for advice and approval should they identify a need for brokerage.

8.7 Case Loads

Caseloads will vary according to a variety of factors including the experience and skill level of the CaFIS worker, the size and variation in structure of the families, the complexity of the needs of the client, time needed to travel to families in some communities and the stage at which the family is engaged in the program. However, it is common that each worker will have an approximate caseload of between 5-8 families on average across a year.

The department encourages CaFIS Team Leaders to determine appropriate caseloads for each CaFIS worker based on their experiences and skills, resources available to manage the needs of each client individually and the intensive service response necessary to support behaviour change.

8.8 Service Duration

CaFIS is an intensive service, which means that services last long enough and are sufficiently intense that they build a family's capacity to focus on children's safety and wellbeing, respond to immediate challenges, and address and cope with multiple and complex issues contributing to family dysfunction or disadvantage.

Ideally, services will be no more than 12 months in total. CaFIS support workers will work with families in their homes and local communities to develop and enhance their parenting skills for up to 12 months. CaFIS providers will refer families to community-based services to help them become more familiar and engage with other services and supports. It is also expected that where possible, CaFIS providers work with families to develop strategies to deal with crises should they occur in the future.

CaFIS providers must notify the department:

- if support to a family needs to be extended beyond 12 months, for example if goals have not been achieved; and
- where a family returns to the service.

³ CaFIS may dedicate a small part of their budget (up to 5%) to support families to access practical and material assistance if all other options, such as the Department of Social Services funded Emergency Relief programs, have been exhausted and the assistance is required to meet the goals of the family. CaFIS providers will be required to keep a register for brokerage activities that the department may request at any time, this registry must list the item purchased, cost, reason for purchase and all avenues exhausted prior to the provision of CaFIS funded goods and services.

CaFIS providers must provide a business case to the department about the need for ongoing service provision beyond 12 months and the estimated length of time to achieve the client/s goals. These will be considered on a case-by-case basis.

8.9 Family Relocations

CaFIS acknowledges that for a range of reasons, there is a relatively high level of temporary mobility of Aboriginal and Torres Strait Islander people, particularly in remote communities. If a client family moves to a new location outside their provider's service area to other appropriate supports in the new location, providers should work with the family and other services (including other CaFIS services) to ensure a smooth transition.

If the CaFIS provider chooses to continue serving the client family in their new location, the CaFIS provider must seek the department's approval before commencing CaFIS with the client family in their new location. The CaFIS provider must demonstrate that any expansion will not affect the CaFIS provider's capacity to deliver CaFIS within the existing locations identified in their Activity Work Plan.

8.10 Maintaining Service Capacity and Waitlist

CaFIS providers must work towards full-service capacity by developing and maintaining relationships with all referring bodies and other services with the community.

CaFIS providers are not permitted to hold a waitlist for families from any referral pathways. To mitigate the need for a family to be placed on a waiting list, an assessment should be carried out to determine if the family would be better placed with another appropriate service.

8.11 Reunification Cases and Out of Home Care

CaFIS is not a reunification program. CaFIS providers should not be involved in the process of reuniting any child who is in an out-of-home care placement with his or her birth family. This is a function of the relevant child protection authority. However, CaFIS providers can continue supporting existing client families after their children have been taken into out of home care, on a case-by-case basis, if:

- A joint agreement between the CaFIS provider and the child protection authority is reached that the family, including the child, is likely to benefit from the continuation of CaFIS during a defined period
- An active reunification plan is already in place prior to referring the family to CaFIS
- The child is spending significant time with the family, or there is a restoration order in place that a child will be returned to the care of the birth family within a two-month period.

In the event the child is unlikely to be reunited with the birth family and there are no other children still living at home, as part of the client family, CaFIS providers can commence the exit planning processes.

8.12 Accessibility

CaFIS providers must ensure that services are accessible to all families, children and young people.

As a general guide, CaFIS providers should not be working with children and young people without either the involvement of their families, carers or guardians, or their written consent.

However, in circumstances where a young person is unable or unsafe to live at home and lives separately from a consenting family member, carer or guardian, the service provider is able to offer / continue offering services to these vulnerable young people to ensure they can access the necessary and valuable services they need.

It is expected that CaFIS providers will have their own systems in place to ensure they obtain written consent from parents or guardians to work individually with the child or young person and can provide evidence of this if requested by the department.

CaFIS providers should:

- operate outreach to facilitate contact with hard-to-reach clients
- consider how operating hours affects ability to meet local needs and, if necessary, vary working hours appropriately.

Service providers should develop strategies to ensure all families and children, including those experiencing vulnerability or disadvantage, can access their services. The department expects services to be responsive to the needs of families and children and deliver equitable outcomes.

Service providers must ensure that cultural and linguistic diversity is not a barrier for participants by providing access to language services where appropriate.

Further information to assist with an access strategy can be found at:

- [Access and Equity Policy](#)
- [Families and Children Access Strategy Guidelines](#)

8.13 Clients exiting the service

Participation in the CaFIS activity is voluntary and participants may exit the service at any time. There is an expectation that participant information is updated accordingly in the data collection system. When delivering direct services to individuals, providers will ensure that existing participants have adequate alternative supports in place should they require them. This may include additional support they are referred to; family supports and strategies developed to support their needs.

8.14 Safety

The safety of all adults and children who visit or work for CaFIS and the services they fund is paramount.

CaFIS providers should ensure that:

- there are safety policies and procedures in writing and provided to staff
- staff have adequate support, training and resources to comply with those policies and procedures; and

- critical incidents are reported to the Commonwealth (refer to Section 12.9).

CaFIS providers should have safety plans in place for their workers particularly those working in communities that have limited policing or that have been identified as unsafe.

9. Governance and Support

All CaFIS providers must demonstrate effective governance through sound policy, lawfulness and responding to community demand.

The department expects you have a governance framework that includes:

- explicit information on roles, [responsibilities](#), [rights](#), and [remuneration](#)
- [procedures](#) for quality assurance, risk management and issues management
- procedures for [supervision](#), performance management and [information management](#)
- financial systems that support effective management and accountability
- clear effective arrangements for internal decision making
- Aboriginal cultural governance embedded throughout the program, including design, leadership practice and service delivery.

10. Communication and Promotion

The department encourages CaFIS providers to communicate and promote their services, activities and events to raise awareness of the benefits they bring to children and their families in their communities.

CaFIS providers are encouraged to advise the department of major communication activities that will be undertaken, including advertising, community service announcements and websites to promote funded services, activities or events. Contact your FAM with details of your communication activity.

Funded organisations are required to acknowledge the Australian Government contribution of financial support. The DSS Funding Acknowledgement provides organisations with guidance on acknowledging the Department of Social Services funding contribution when promoting services, activities and events. Please refer to the department's [DSS Grant Funding Acknowledgement](#) for further guidance.

11. Reporting

CaFIS providers must have systems in place to allow them to meet the data collection and reporting obligations outlined in their Grant Agreement.

FAMs monitor and evaluate program performance to ensure activities and providers have a focus on outcomes for their clients. CaFIS providers must meet their data collection and reporting obligations and work in accordance with the requirements described in their Grant Agreement.

11.1 Data Exchange

CaFIS providers are required to report client data and service delivery information for all clients of CaFIS in accordance with the Data Exchange Protocols ([Data Exchange Protocols](#)) and CaFIS specific guidance in the Program Specific Guidance for Commonwealth Agencies in the Data Exchange [Program specific guidance – Families and Communities Program](#)

The Data Exchange Protocols provides operational guidance to users of the Data Exchange. The Program Specific Guidance for Commonwealth Agencies assists managers and front-line staff to understand the data they must report in the Data Exchange for CaFIS.

The department publishes fact sheets, task cards, webinars and e-learning modules on the Data Exchange website to help service providers set up and perform different functions in the [Data Exchange](#).

If a CaFIS provider chooses to use the Data Exchange system as a 'client record system' or 'client management system', then they have obligations as per the [Data Exchange Protocols](#). Organisations who use the Data Exchange as a client records system must adhere to the notification and consent requirements:

- Including a DSS standard notification on their registration forms
- Obtaining express consent of a client to collect and store personal information in the Data Exchange system. DSS cannot store client details unless consent is expressly obtained.

However, the Data Exchange has been designed to accommodate the different ways organisations collect and report client-level data, including if an organisation chooses not to use the system for client management.

The department has a legal obligation to protect confidential information under the [Social Security \(Administration\) Act 1999](#), [Privacy Act 1988](#) and other relevant legislation. Considering this, the Data Exchange ensures a client's personal information is protected through strict protocols that comply with the requirements of these Acts, including the [Australian Privacy Principles](#) (APPs).

For further information on Client Data Privacy Requirements for CaFIS clients please refer to Appendix C. For additional support, service providers can contact the [Data Exchange Helpdesk](#).

11.2 Data Exchange Partnership Approach

CaFIS providers are required to participate in the Data Exchange Partnership Approach.

By participating, service providers report client and community outcomes for clients of CaFIS and receive access to additional self-service reports. The department requires providers to report outcomes using its Standard Client/Community Outcomes Reporting (SCORE) framework, which is a methodology for standardised reporting of outcomes data. For further information on the Partnership Approach and SCORE, please refer to the Data Exchange Protocols [Data Exchange Protocols](#).

For further information on the requirements of the DEX Partnership Approach for CaFIS, please refer to CaFIS-specific guidance in the Program Specific Guidance for Commonwealth Agencies in the Data Exchange [Program specific guidance for Outcome 2.1 – Families and Communities Program | Data Exchange](#)

For additional support, service providers can contact the [Data Exchange Helpdesk](#).

11.3 Guidance on measuring client and community outcomes

The department encourages all CaFIS providers to use validated outcomes measurement tools to measure client and community outcomes.

A 'validated tool' is an instrument that has been formally evaluated and psychometrically tested for:

- reliability (the ability of the instrument to produce consistent results)
- validity (the ability of the instrument to produce true results)
- sensitivity (the probability of correctly identifying a client with the condition).

The Australian Institute of Family Studies has published an article outlining how to choose an [outcomes measurement tool](#). The article includes links to established tools for measuring child and family outcomes.

The department has developed a Translation Matrix to help organisations convert results from commonly used outcomes measurement tools into [SCORE data](#). The Translation Matrix also contains a generic template that service providers can use to translate outcomes measurement tools or tools that they have developed internally into SCORE data.

For additional support, service providers can contact the [Data Exchange Helpdesk](#).

11.4 Activity Work Plans

The Activity Work Plan (AWP) is a mandatory document that all providers must complete in consultation and agreement with the department. The [CaFIS Activity Work Plan \(AWP\) template](#) is available on the department's website. Providers must set out deliverables, timeframes, measures of achievement, grant expenditure and other key requirements of their Grant Agreements that they plan to complete within a period of time specified in the AWP template.

As part of the AWP, providers will need to include a budget. The budget does not need to be detailed but should include main costs of service delivery. While administration is a legitimate part of overall service delivery, administration should not make up more than 20% of overall funding. Where a consortium arrangement is utilised, the total administration expenditure for both organisations, should not make up more than 20% of overall funding. Administration includes:

- accounting and audit
- insurance and utilities
- office equipment and supplies.

Once mutually agreed, the AWP forms part of the Grant Agreement. Providers must report progress against their AWP's annually as specified in their Grant Agreements.

The AWP is a living document that providers can update at any time in consultation and agreement with the department.

The department uses information in AWP's to better understand the activities and progress of individual providers as well as broader trends within and across programs. FAMs use AWP's to understand the progress of grant activities and facilitate conversations with providers about service delivery.

11.5 Unexpended Funds

If service providers do not expend all grant funding received in a financial year, the department will either approve a rollover of the funds for use in the next financial year or recover the funds. FAMs will liaise with providers on the treatment of unexpended funds after the department has reviewed financial acquittal reports.

12. Grant Administration

12.1 Grant recipients' responsibilities and accountabilities under the Activity

In entering into a Grant Agreement with DSS, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the agreement including:

- [the Commonwealth standard terms and conditions at Schedule 1 of the Grant Agreement;](#)
- [the Supplementary terms and conditions outlined in the Grant Agreement;](#)
- [the Families and Children Program Guidelines Overview;](#) and
- these Operational Guidelines.

Grant recipients are responsible for ensuring:

- the terms and conditions of the Grant Agreement are met
- service provision is effective, efficient, and appropriately targeted
- highest standards of duty of care are applied
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations
- Aboriginal and Torres Strait Islander Australians have equal and equitable access to services
- they work collaboratively to deliver the program
- they contribute to the overall development and improvement of the program such as sharing best practice.

12.2 Other policies and factsheet for service providers

The following policies on the DSS and Community Grants Hub websites also apply to CaFIS:

- Access and Equity Policy

- [DSS Funding Acknowledgement](#)
- [Complaints process for grant recipients](#)
- [Grant Recipient Complaints and Whistleblower Provisions](#)
- [National Redress Scheme](#)
- [Online safety](#)
- [Vulnerable Persons, police checks and criminal offences](#)

The Community Grants Hub website also has a helpful factsheet for service providers on [Strategic Planning](#)

The department strongly encourages CaFIS providers to visit the Australian Institute of Family Studies' [Child Family Community Australia \(CFCA\) webpage](#) for free research and information for service providers that work in the child, family and community welfare sector.

12.3 Privacy

In accordance with the Grant Agreement general conditions, all CaFIS providers must comply with their obligations under the Privacy Act 1988 (Privacy Act), which requires all clients' personal details to be treated as personal information.

12.4 Grant Recipient Portal

The [Grant Recipient Portal](#) is a platform where grant recipients interact with the department's systems and services to self-manage their grant information. The Portal has been designed to make grant management simple and easy. The portal allows grant recipients to:

- access their grants information in one place
- view their activities and milestones
- download copies of their payment advice
- update their organisational details and adding additional organisational users
- update their organisation's bank account details
- submit financial acquittals
- submit Activity Work Plans.

The department encourages all grant recipients to use the Grant Recipient Portal. For further information on accessing and using the Portal, please visit the [Community Grants Hub website](#) or contact the [Community Grants Hub](#).

12.5 Child Safety Requirements

Under the Grant Agreement general conditions, all CaFIS providers must ensure activities are conducted in accordance with the [National Principles for Child Safe Organisations](#).

CaFIS providers must ensure CaFIS activities comply with CB9 of the Supplementary Provisions in the Grant Agreement. Under this clause, providers are required to:

- Complete an annual statement of compliance form (sent to you by the department) declaring that the organisation and any Child Related Personnel who interact with children as part of the grant activities have met the child safety requirements set out in the Grant Agreement
- Complete a risk assessment annually to identify the level of responsibility for children and level of risk of harm to children
- Have a risk management strategy in place
- Provide training and a compliance regime.

Further information on child safe organisations and providers' obligations is available at:

- [National Office for Child Safety](#)
- [Australian Human Rights Commission - What is a Child Safe Organisation](#)
- Appendix A - Tool 1A National Principles for Child Safe Organisations Guidance and Template
- Appendix A – Tool 5A Child Safety Obligations.

12.6 Audit and compliance strategy

All CaFIS providers must comply with their obligations under the Archive Act 1983, which requires providers to store records in a secure place and dispose of records in an appropriate manner. You must retain any records containing personal information, for five years following the expiration or termination of a fee-for-service Grant Agreement.

As part of the department's Audit and Compliance Strategy, certain documents must be kept for this five-year period for the department's auditing purposes. These are:

- a copy of the signed Client Consent Form and a subsequent copy for each claim that is submitted
- custody papers (if applicable)
- copies of the invoice for services rendered for which the provider has submitted claims to the department
- copies of any eligibility documents
- proof of residential address (if a change of address has occurred) – a utilities bill or tenancy agreement is acceptable.

The department may conduct random audits to verify information submitted by providers and may exercise the right of entry and inspection under the Grant Agreement General Conditions.

12.7 Complaints

CaFIS providers are encouraged to maintain appropriate complaints mechanisms and whistle-blower provisions. Further detail on Grant Recipient Complaints and Whistle-blower provisions can be found on the [department's website](#).

The department expects service providers to make their complaints policies and processes readily available to staff, clients and the public. A complaints policy should include options for escalation both within an organisation and to the department if necessary (e.g. a client is unhappy with a provider's handling of their complaint). The department expects providers to inform clients of their right to lodge complaints directly to the department via [DSS Feedback and Complaints](#).

A complaint made by a client should not adversely affect the relationship between a service provider and the client.

Please refer to the following webpages for further information.

- [DSS Feedback and Complaints](#)
- [Grant Recipient Complaints and Whistleblower Provisions](#)
- [Contacting DSS](#).

12.8 Hot Issues and Media

Demand for, and increased public, media or political interest/scrutiny will periodically spike due to Hot Issues, including:

- something that is of interest to the target group.
- launches of new initiatives.
- parliamentary proceedings, including senate estimate hearings and question time.

Identifying these Hot Issues and sharing the information with the department will enable more proactive service delivery responses.

CaFIS providers must also alert the department of any less urgent issues, particularly where they affect services to clients.

The department must be informed if providers are planning to engage with the media. It is important that the department is made aware in advance of what issues will be raised as this will allow the department time to prepare for any follow-up enquiries and/or to brief relevant stakeholders as necessary.

12.9 Critical Incidents

CaFIS service providers must notify the department of critical incidents as soon as possible within 48 hours of incidents occurring or within 48 hours of becoming aware of incidents.

A critical incident is one that has the potential to be the subject of a high level of public scrutiny. These events could involve threats to life, the health, safety and/or well-being of clients, staff, or

other relevant persons, serious injury or death. They include events that could significantly impact the current and/or future delivery of a program, including through reputational damage to a service provider or the Commonwealth. A critical incident could also involve staff, clients or other relevant persons from another service delivered by the service provider if this incident has the potential to impact DSS funded services. For more information and examples of what constitutes a critical incident, see **Part 3 of the Critical Incident Reporting Guide template**.

If further clarification is required, CaFIS service providers should contact their FAM prior to submitting a critical incident report.

CaFIS providers must telephone their FAM and advise them of the incident. An email should follow this telephone discussion. CaFIS providers must complete the [Critical incident reporting guideline and form](#) available on the department's website and email to the FAM.

Reports to DSS should only be prepared after immediate duty of care and reporting requirements have been addressed. For example, if someone is in immediate danger, please call 000. If an incident is a matter for police or child protection, liaison and resolution with these authorities is always the priority.

12. Evaluation

The department will give reasonable notice of any evaluation of the CaFIS activity.

We will evaluate the grant opportunity to see how well the outcomes and objectives of the overall CaFIS program have been achieved across all service regions and providers. Information may be used from your application and reports for this purpose. We may also ask you for more information to help us understand how the grant impacted you and to evaluate how effective the program was in achieving its outcomes.

We may contact you up to one year after you finish your grant for more information to assist with this evaluation.

CaFIS providers may also wish to develop an evaluation plan to measure the success of the CaFIS program in their communities. The plan should outline culturally appropriate data collection tools and methods, training and coaching for workers, and use of data and continuous improvement.

14. Appendices

14.1 Appendix A – CaFIS – Capacity Building – Modules and Tools

- As part of the roll-out of the CaFIS program and onboarding of CaFIS providers, a set of capacity building tools have been developed to assist CaFIS providers to implement the new program. The overarching framework comprises 23 tools, which sit under six modules. The tools aim to assist CaFIS providers to embed good practice considerations into the way the services are delivered under CaFIS. Many of the tools include optional resources and templates, that can assist providers where needed. Providers can pick and choose which tools are the most useful to them. Modules and tools can be accessed on the department's website at [CaFIS Capacity Building Tools](#)

1. Working with Children

- 1A - National Principles for Child Safe Organisations Guidance and Template
- 1B - Child-Centred, Family-Focused Support
- 1C - Engaging Children and Young People
- 1D - Families with Multiple and Complex Needs
- 1E - Creating Child and Family-Friendly Environments
- 1F - Trauma-informed Practice
- 1G - Child Development and Neurodevelopment
- 1H - Strengths-Based Approaches
- 1I - Case Documentation

2. Working with Other Agencies

- 2A - Creating Collaborative and Sustainable Partnerships and Networks
- 2B - Sharing Information in Relation to Child Safety and Wellbeing - NT and SA

- 2C - Mapping and Building Relationships with Other Service Providers

3. Cultural Governance

- 3A - Cultural Governance
- 3B - Cultural Competency
- 3C - Cultural Safety and Responsiveness

4. Community Engagement

- 4A - Community Engagement Planning
- 4B - Letting Families Know About CaFIS

5. Legislative Requirements

- 5A - Child Safety Obligations
- 5B - Child Protection Obligations – NT and SA
- 5C - Rights of Children and Families
- 5D - Working with Children Clearances – NT and SA
- 5E - Domestic and Family Violence Obligations - NT and SA

6. Reporting & Outcomes Measurement

- 6A - Developing a Program Logic

14.2 Appendix B – Support available to CaFIS Providers

Topic	Support
Grant Agreement	Funding Arrangement Manager (FAM)
CaFIS Activity Work Plan (AWP)	<ul style="list-style-type: none">• CaFIS Activity Work Plan Template FAM
Data Exchange	<ul style="list-style-type: none">• Data Exchange Training Resources• Data Exchange Helpdesk FAM
CaFIS Pathway to Outcomes (Program logic)	<ul style="list-style-type: none">• CaFIS Pathway to Outcomes FAM
Planning, implementing and evaluating grant activities	AIFS Evidence and Evaluation Support
Grant Recipient Portal	Community Grants Hub
General enquiries or feedback on policy	FAM
Complaints	DSS Feedback and Complaints FAM

14.3 Appendix C – Data Exchange Privacy Requirements – Children and Family Intensive Support (CaFIS)

The following information details how client privacy is maintained on the Data Exchange. Please ensure you consider this information in conjunction with the existing privacy resources on the Data Exchange Website:

- [The Data Exchange Protocols 5 Protecting a client's personal information](#)
- [Information for organisations about consent](#)
- [Information for clients about privacy](#)
- [Privacy Impact Assessment Report](#) and [Summary of the Privacy Impact Assessment of the Data Exchange](#).

The Data Exchange is a secure, online IT system hosted by the Australian Government, Department of Social Services (the department). It was developed to streamline program performance reporting for organisations.

As part of Government funded programs, organisations are required to provide information back to the Government for a range of purposes - from integrated service delivery to improving the lives of

vulnerable Australians. Whilst we ask organisations to collect and report information about their clients, protecting the privacy of all clients is a fundamental principal of the Data Exchange.

Organisations can use the Data Exchange web-based portal to manually input their data. Once saved in the portal, data is automatically submitted to the Data Exchange. The web-based portal can be used like a basic case management system, although it only allows for data that is relevant to performance reporting. This option is available for organisations who do not have their own proprietary client management software, or for those whose systems cannot accommodate the requirements to submit data through system-to-system transfers or bulk file upload.

The Data Exchange collects information that includes personal details. In collecting this data, the department has a legal obligation to protect confidential information under the [Social Security \(Administration\) Act 1999](#), [Privacy Act 1988](#) and other relevant legislation. Considering this, the Data Exchange ensures a client's personal information is protected through strict protocols that comply with the requirements of these acts, including the [Australian Privacy Principles](#) (APPs).

- 1. In reporting my client numbers and locations into DEX, how is client confidentiality and anonymity protected?*

Organisations' obligations when storing personal information in the Data Exchange

Organisations can choose to use the Data Exchange to collect and store personal information. If an organisation does choose to use the Data Exchange system as a 'client records system' or 'client management system' then they have obligations as per the [Data Exchange Protocols](#). Organisations who use the Data Exchange as a client records system must adhere to the notification and consent requirements:

- Including a DSS standard notification on their registration forms.
- Obtaining express consent of a client to collect and store personal information in the Data Exchange system. DSS cannot store client details unless consent is expressly obtained.

However, the Data Exchange has been designed to accommodate the different ways organisations collect and report client-level data, including if an organisation chooses not to use the system for client management.

i) Access to Personal Information

Organisations collect client level data, including a person's first name, surname, date of birth, gender, indigenous status, disability status and cultural and linguistic diversity status (CALD), as part of service delivery. When organisations enter this client level data into the Data Exchange, the system creates a client record. Strict IT security rules prevent DSS staff from accessing personal information stored in the system. If organisations choose to store this information on the Data Exchange, only the organisation can access the personal information on this client record, once consent is obtained. Obtaining [client consent](#) is critical when reporting to the Data Exchange. Client consent must be established before personal information is stored on the Data Exchange and identifiable to

organisations. If consent is not obtained, the organisation can still create a client record, but it will be automatically de-identified.

ii) Client Location

At a minimum, a client's state, suburb and postcode are considered part of the priority requirements and must be recorded to create the client record. However, there is the capacity to record a full residential address for each client. The identity of clients providing their residential address is protected by converting the data to the Australian Statistical Geography Standard. This means that a geography code is recorded in place of the client's address, which de-identifies the record. In Data Exchange reports, client location data is displayed by various geographic boundary areas, including Australian Bureau of Statistics' Statistical Area 2 (SA2), SA3, and SA4, Local Government Area (LGA), and Remoteness area.

Department of Social Security's obligations when storing personal information in the Data Exchange

In all cases, data submitted to the Data Exchange is de-identified. De-identification is a process that removes all identifying information so a person's identity can no longer be 'worked out'. There are a number of different techniques that can be used to de-identify data. The Data Exchange de-identifies client data using a [Statistical Linkage Key \(SLK\)](#), an algorithm developed by the Australian Institute of Health and Welfare (AIHW) and data aggregation. Data aggregation is the process of gathering data and presenting it in a summarised format, rather than on a record-by-record basis.

2. In reporting my client outcomes into DEX – that is under SCORE, how is client confidentiality and anonymity protected?

Confidentiality and Anonymity in reporting client outcomes into DEX

Confidentiality and anonymity in reporting client outcomes functions similarly to how the Data Exchange stores personal information. A client's identity, entered into the Data Exchange, can never be known to the Department of Social Services. All client records are de-identified regardless of whether the client provides consent or not, therefore there is no separate consent required for reporting SCORE against a client record.

Data Exchange data is **not** shared for compliance purposes, or to track whether individuals are providing the correct information to the Australian Government. Data Exchange data is **not** provided to Centrelink and a client's payment status will not be impacted by information reported through the Data Exchange.

For further information on the Data Exchange's governance around confidentiality, anonymity and privacy please visit the [Data Exchange website](#) and the [Data Exchange protocols](#).

Sources:

[The Data Exchange Protocols - 5 Protecting a client's personal information](#)

[Information for organisations about consent](#)

[Information for clients about privacy](#)

14.4 Appendix D – Other Useful resources

- **Closing the Gap**

- [National Agreement on Closing the Gap at a Glance](#)
- [National Agreement on Closing the Gap](#)

- **Trauma-informed service delivery**

The Healing Foundation

- [Community Healing Initiatives | The Healing Foundation](#)
- [Education | The Healing Foundation](#)

We al-li Program

- [We al-li](#)
- [We al-li FAQs](#)

Closing the Gap - Judy Atkinson — July 2013

This paper focuses on the design and delivery of trauma-informed and trauma-specific children's services and care.

- [Trauma-informed services and trauma-specific care for Indigenous Australian children](#)

Australian Institute of Family Studies (AIFS)

- [Child Family Community Australia](#)
- [Trauma-informed care in child/family welfare services](#)
- [Aboriginal and Torres Strait Islander self-determination in child protection | Child Family Community Australia \(aifs.gov.au\)](#)

Emerging Minds

Working with Aboriginal and Torres Strait Islander Families:

- [Working with Aboriginal and Torres Strait Islander families and children living with disability](#)
- **Foetal Alcohol Spectrum Disorder (FASD)**

FASD Hub Australia

- [FASD HUB Australia](#)

NOFASD Australia

- [Alcohol & Pregnancy - NOFASD Australia](#)

National Aboriginal Community Controlled Health Organisation (NACCHO)

- [Foetal Alcohol Spectrum Disorders \(FASD\) | NACCHO Aboriginal Health News Alerts \(nacchocommunique.com\)](#)
- [NACCHO - Fetal Alcohol Spectrum Disorders \(FASD\)](#)
- [National Fetal Alcohol Spectrum Disorder \(FASD\) Strategic Action Plan 2018–2028](#)

Indigenous Governance

Australian Indigenous Governance Institute (AIGI)

- [Check-up: An overall governance health check](#)
- [The Indigenous Governance Toolkit](#)

Disclaimer

- The resources provided in the links are from external sources. The Commonwealth Department of Social Services has provided this information for the purpose of disseminating information for the benefit of CaFIS providers. While the department has used its best endeavours to ensure the information included is correct, the department makes no representation or warranty about the accuracy, reliability, currency or completeness of any of the information provided. Individuals and organisations should obtain their own appropriate professional advice before relying on any of the information provided.

Glossary

Aboriginal Community Controlled Organisation (ACCO) refers to organisations that are controlled by community members through a locally elected board to address the comprehensive needs of its local community.

Activity means any tasks, activities, services or other purposes for which this funding is provided. The Activity is described in Item B of the Grant Agreement Schedule.

Activity Work Plan is the document that details the activities that will be implemented under the Grant Agreement.

Assessment is a process of gathering, analysing and interpreting information to inform decision-making

Brokerage is when a provider pays for the services or goods of another organisation to assist a CaFIS client with particular needs.

Caregiver is a person or persons with parental responsibility for the child

Carer(s) means either kinship carers(s), foster carers(s) or prospective permanent carers(s)

Case Coordination means taking the lead for the coordination across multiple agencies and services for an individual or family including health, social and support services. This role is not a function of CaFIS.

Case Load is the number of families that a CaFIS team is required to provide intensive support services.

Child is a person who is under 18 years of age

Child Protection Authority – State and Territory governments have statutory responsibility to provide child protection services for children and young people under the age of 18 years. In the Northern Territory, this is under the Care and Protection of Children Act (2007). In South Australia, this is under the Children and Young Peoples (Safety) Act 2017. Refer to Appendix A, Tool 5B Child Protection Obligations for more information.

Client is a family receiving CaFIS delivered by a CaFIS provider.

Collaboration refers to services working together effectively and collectively sharing information that considers needs of families, service gaps, best practice and coverage in the local community.

Culturally appropriate service delivery takes into account and acknowledges the client's communication style, language, values and beliefs, and life experiences such as impacts of intergenerational trauma on one's lifestyle and wellbeing.

Evidence-informed practice refers to working in an evidence-informed way and is being guided by the best research that has been tested, tried and found effective. This evidence is then combined with experiences and expertise of the organisation to best fit the communities served.

Family refers to a group of people identified by the child or parent and/or caregiver as their family.

Families and Children Activity is delivered under the Families and Communities Program and aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

Families and Communities Program provide a range of services, focused on strengthening relationships, support families, improve wellbeing of children and young people, reduce the cost of family breakdown, strengthen family and community functioning and facilitate the settlement of migrants and humanitarian entrants into the community.

Funding is public money given to a provider delivering the service outlined in their Grant Agreement

Funding Arrangement Manager (FAM) is the department's State/Territory Office staff member who liaises with CaFIS providers on Grant Agreement requirements and monitors service performance.

Grant Agreement is a legal contract between the department and the auspice body/service provider that outlines service delivery, accountability and reporting requirements.

Kinship care is provided by relatives or members of a child's community network when a child is unable to live with their parents

Outreach a service location for an agency that is not permanently open but may operate for a short period on a regular basis such as weekly or monthly, or on demand. Outreach sites do not include the client's private home.

Organisation is a legal entity in the non-government sector.

Out-of-home care is alternative accommodation for children and young people who are unable to live with their parents. Children in out-of-home care may also be on a care and protection order.

Reunification is the process of reuniting a child who is in an out-of-home care placement with his or her birth family.

Provider -The organisation funded by the Commonwealth Government to provide a service in accordance with a Grant Agreement

Risk – the chance of something likely to happen that will have an impact on objectives, measures in terms of consequences and likelihood.

Safe refers to free from harm, danger or risk.

Service delivery – The activities undertaken by a service provider.

Stakeholder – Individuals, organisations or networks that have, or potentially have, a relationship or interest in the work undertaken in the CaFIS Activity.

Trauma – a person's response to a major catastrophic event that's so overwhelming, it leaves that person unable to come to terms with it. Aboriginal and Torres Strait Islander people in Australia have experienced trauma as a result of colonisation, including the associated violence and loss of culture and land, as well as subsequent policies such as the forced removal of children.

The department is the Commonwealth Department of Social Services.

Wellbeing - Basic needs are met and there is easy access to social, medical and educational services, where everyone is treated with dignity and respect. It recognises a person's culture including connection to country, spirituality, ancestry, law, language, family, community and land.